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RICHARD D. RUBINO
MARY J. SISK
D. CARY MITCHELL
SALVATORE TAILLEFER, JR.(202) 659-0830
FACSIMILE: (202) 828-5568

July 1, 2014

ARTHUR BLOOSTON
1914 - 1999AFFILIATED SOUTH AMERICAN OFFICESESTUDIO JAUREGUI & ASSOCIATES
BUENOS AIRES, ARGENTINAROBERT M. JACKSON
OF COUNSELPERRY W. WOOFER
LEGISLATIVE CONSULTANTEUGENE MALISZEWSKYJ
ENGINEERING CONSULTANTWRITER'S CONTACT INFORMATION(202) 828-5554
mjs@bloostonlaw.comREDACTED-FOR PUBLIC INSPECTION*VIA HAND DELIVERY AND ECFS*Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, SW
Room TW-A325
Washington, DC 20554

ACCEPTED/FILED

JUL 1 2014

Federal Communications Commission
Office of the Secretary**Re: Form 481- Carrier Annual Reporting Data Collection Form**
WC Docket Nos. 10-90, 11-42, 14-58
City of Brookings Municipal Telephone Department (SAC 391650)

Dear Ms. Dortch:

City of Brookings Municipal Telephone Department (Brookings or the Company), by its attorney, hereby submits two copies of its FCC Form 481- Carrier Annual Reporting Data Collection Form, which was timely filed with the Universal Service Administrative Company and will be filed with the appropriate state commission on or before July 1, 2014 and which has been redacted to remove the confidential Five-Year Service Quality Improvement Plan (Five-Year Plan). The Company also is submitting a redacted copy of the FCC Form 481 via the Electronic Comment Filing System.

No. of Copies rec'd 0+2
List ABCDE

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The Company seeks confidential treatment for the initial Five-Year Plan included in the Form 481. Confidential treatment of this information is appropriate on the grounds that it is commercially sensitive information that is not released to the public. The Company has submitted a separate letter requesting confidential treatment pursuant to Section 0.459 of the Commission's rules for this information.

Respectfully submitted,
**City of Brookings Municipal
Telephone Department**

A handwritten signature in cursive script, reading "Mary J. Sisak". The signature is written in dark ink and is positioned above the printed name.

Mary J. Sisak
Its Attorney

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ARTHUR BLOOSTON
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June 30, 2014

AFFILIATED SOUTH AMERICAN OFFICES

ESTUDIO JAUREGUI & ASSOCIATES
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ROBERT M. JACKSON
OF COUNSEL

PERRY W. WOOFER
LEGISLATIVE CONSULTANT

EUGENE MALISZEWSKYJ
ENGINEERING CONSULTANT

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JUL 1 2014

Federal Communications Commission
Office of the Secretary

WRITER'S CONTACT INFORMATION

(202) 828-5554
mjs@bloostonlaw.com

REDACTED- FOR PUBLIC INSPECTION

WC Docket Nos. 10-90, 11-42 and 14-58
Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Re: Rule Section 0.459 Request for Confidential Treatment
City of Brookings Municipal Telephone Department (SAC 391650)
FCC Form 481 - Carrier Annual Reporting Data Collection Form

Dear Ms. Dortch:

City of Brookings Municipal Telephone Department (Brookings or the Company), by its attorney, hereby requests, pursuant to Section 0.459 of the Commission's Rules, that the Company's initial "Five-Year Service Quality Improvement Plan" (Five-Year Plan) filed with the FCC Form 481, be withheld from public inspection and afforded confidential treatment. Because of the competitively sensitive nature of the information, Brookings seeks to maintain confidentiality for the Five-Year Plan it has submitted to the Commission in connection with its FCC Form 481. The unredacted Form 481 has been marked **CONFIDENTIAL**. **INFORMATION -- SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.** A redacted version for public inspection also has been submitted via the FCC's electronic filing system.

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Marlene H. Dortch, Secretary

June 25, 2014

Page 2 of 3

In accordance with Section 0.459(b) of the Commission's Rules, the Company states:

1. Information for which confidential treatment is sought and proceeding.

The specific information for which confidentiality is sought is the attachment to the Company's Form 481 detailing the Company's initial Five-Year Plan, which provides information concerning annual projected network improvements and upgrades for voice and broadband services during the period from 2015 through 2019, and projected capital expenditures and operating expenses for voice and broadband services during the same five-year period.

2. Degree to which the information is commercial or financial or contains a trade secret or is privileged.

The information for which Brookings seeks confidential treatment is competitively sensitive data that Brookings maintains as confidential and does not make available to the public. The information is competitively sensitive projected network improvements and upgrades for voice and broadband services and projected capital expenditures and operating expenses for voice and broadband services for the period 2015 through 2019 which, if made available to competitors and alternative providers, would provide such entities with valuable information regarding Brookings' customer base and plans.

This information would assist competitors in targeting their marketing efforts. Brookings is subject to actual and potential competition with respect to all of its services. The Five-Year Plan provides insight into Brookings' strategy and degree of success with specific types of services in its service area. If competitors are able to gain an unfair advantage by obtaining such a detailed picture of Brookings' strategies and successes, they may be able to anticipate Brookings' strategic initiatives in a targeted way. Thus, the filing contains information about the company's business plans that is clearly "commercial" and "financial" in nature. The information is confidential and entitled to protection because the disclosure of the information is likely to cause substantial harm to the competitive position of the person from whom the information is obtained.

3. Degree to which the information concerns a service that is subject to competition; and manner in which disclosure of the information could result in substantial competitive harm.

As shown above, the information for which Brookings seeks confidential treatment is competitively sensitive information which, if made available to competitors and alternative providers, would provide those entities with valuable information concerning Brookings' customer base and strategic plan.

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Marlene H. Dortch, Secretary

June 25, 2014

Page 3 of 3

4. Measures taken by Brookings to prevent unauthorized disclosure and availability of the information to the public.

As shown above, Brookings maintains the data for which confidential treatment is requested as confidential and does not make it available to the public.

5. Justification of the period during which Brookings asserts the material should not be available for public disclosure.

Brookings requests that this information be accorded confidential treatment until such time as it is publicly disclosed by Brookings. An indefinite period of confidentiality is required because the information is projected information that provides insight into the Company's confidential strategies and business successes even after the period has expired. For example, the fact that projected projects are not undertaken would also provide valuable competitive information about Brookings' strategies and successes to competitors.

All correspondence and inquiries in connection with this request should be addressed to Brookings' counsel, whose email address is mjs@bloostonlaw.com.

Respectfully submitted,
City of Brookings Municipal
Telephone Department



Mary J. Sisak
Its Attorney

FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code 391650
 <015> Study Area Name CITY OF BROOKINGS
 <020> Program Year 2015
 <030> Contact Name: Person USAC should contact with questions about this data Laura Julius
 <035> Contact Telephone Number: 6056926325 ext. Number of the person identified in data line <030>
 <039> Contact Email Address: Email of the person identified in data line <030> l.julius@swiftel-bmu.com

ACCEPTED/FILED

11/11 1 2014

Federal Communications Commission
Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice) 0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband) 0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 391650SD510.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 391650SD610.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 391650SD1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmi.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

391650SD112.pdf, 391650SD112redacted.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

REDACTED - FOR PUBLIC INSPECTION

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljuliusdawitfel-bmu.com

[illegible]

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	l.julius@awitfel-bmu.com

[illegible]

(710) Broadband Price Offerings
Data Collection Form 5

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com

[illegible]

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	l.julius@swiftel-bmu.com
<810>	Reporting Carrier	City of Brookings Municipal Telephone Dept
<811>	Holding Company	N/A
<812>	Operating Company	N/A

-- See attached worksheet --

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

REDACTED - FOR PUBLIC INSPECTION

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	l.julius@swiftel-bm.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

[illegible]

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	l.julius@swiftel-bm.com

Please check this box to confirm no terrestrial backhaul
 <1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps
 upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers	FCC Form 481
Lifeline	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form	July 2013

<010> Study Area Code	391650
<015> Study Area Name	CITY OF BROOKINGS
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Laura Julius
<035> Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	l.julius@swiftel-bm.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP swiftel.net/voice/sales-and-support/

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers. ☒
- <1222> Details on the number of minutes provided as part of the plan. ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	391650
<015> Study Area Name	CITY OF BROOKINGS
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Laura Julius
<035> Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	l.julius@wifcal-bm.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	

Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	391650
<015> Study Area Name	CITY OF BROOKINGS
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Laura Julius
<035> Contact Telephone Number - Number of person identified in data line <030>	6056226225 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	lajulius@nwi.net-bmu.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iv))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
 (3014) If yes, does your company file the RUS annual report

(Yes/No)
 (Yes/No)

☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐
☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?
 If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(Yes/No)

☒ ☐

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☒

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

- (3023) Underlying information subjected to a review by an independent certified public accountant

☐

- (3024) Underlying information subjected to an officer certification.

☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

391650SD3026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	391650
<015> Study Area Name	CITY OF BROOKINGS
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Laura Julius
<035> Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	ljulius@awitcl-bmw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: CITY OF BROOKINGS	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/30/2014
Printed name of Authorized Officer: Steve Meyer	
Title or position of Authorized Officer: Executive Vice President / General Manager	
Telephone number of Authorized Officer: 6056926325 ext.	
Study Area Code of Reporting Carrier: 391650	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	391650
<015> Study Area Name	CITY OF BROOKINGS
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Laura Julius
<035> Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	l.julius@awifce1-bnu.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED - FOR PUBLIC INSPECTION

Attachments

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com

<711>

[illegible]

<010>	Study Area Code	391650
<015>	Study Area Name	CITY OF BROOKINGS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	l.julius@swiftel-bmu.com
<810>	Reporting Carrier	City of Brookings Municipal Telephone Dept
<811>	Holding Company	N/A
<812>	Operating Company	N/A

[illegible]

5-Year Plan for Network Improvements and Upgrades
Pursuant to 47 C.F.R. § 54.202(a)(1)(ii)

Company Name:

Study Area Code:

Attached Map of 5 Year Plan:

File Name: 391650SD510

CERTIFICATION OF CITY OF BROOKINGS MUNICIPAL TELEPHONE DEPARTMENT

Reporting Period January 1 – December 31, 2013

Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached is the annual notice to customers on matters related to customer privacy which is printed in the Telephone Directory. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 23, 2014.

/s/ Steve Meyer

Steve Meyer, Executive Vice President & General Manager

City of Brookings Municipal Telephone Department

Swiftel

VOICE • VIDEO • DATA • SPRINT

605-692-6211

1-800-561-6211

Monday - Friday 8am - 6pm

Saturday 9am - 3pm

415 Fourth Street • Brookings, SD 57006

www.Swiftel.net

Steve Meyer, Executive Vice President & General Manager

Swiftel Communications is regulated by the Brookings Municipal Utility Board. Meetings are held the 2nd Monday of each month in the BMU Board Room at 1:00 pm and the 4th Monday of each month via teleconference at 11:45 am. A copy of the Tariff governing Swiftel Communications is available for review at either the telephone office or the utility office.

B **BROOKINGS**
municipal utilities

OURtown
ourOWN

To advertise in the Swiftel Directory, call 605-692-6270

www.swifteldirectory.com

WHAT IS CPNI? CPNI stands for Customer Proprietary Network Information. In short, that means all information about any customer that is contained on their account in a telephone company's records.

WHY IS IT SO SPECIAL? Very often, the information on an account is personal and should remain confidential. This could include the address of an unpublished phone number, a customer's Social Security or Driver's License number, the phone numbers they call long distance, and various other pieces of information.

HOW DOES SWIFTEL KEEP IT CONFIDENTIAL? Swiftel has requested all customers to provide a password for their account and answer three security questions. When you contact Swiftel about your account, the password or security questions are confirmed before releasing any information.

Swiftel has added a software feature that records every access to every customer's account. This will track which employee accessed an account, the information that was viewed and the date/time of the access. In addition, Swiftel will send a letter to you if any of the following actions were recorded on your account: name or mailing address change, password change, security questions or answers change, authorized user change, or if the access to the account required the answer of a security question.

If you haven't yet set up your account password, need to make a security question change, or simply have questions about CPNI, please contact the Swiftel Communications office by phone, or at the location listed above.

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Thank you
to Jonah for allowing
us to use his photo
on the cover of the
new Swiftel Directory.